

Multimedia release form

Name (person over 18 or legal guardian): _____

Name of Minor: _____

Event: _____

Date: _____ Phone: _____

Address: _____

_____ State: _____ Post Code: _____

Email address: _____

Agreement

1. I grant Westernport Water permission to use the images, video or audio of myself, or the minor listed above, to be used for educational, informational or promotional purposes. Examples of placement include, but are not limited to, newspaper articles, newsletters, websites, social media and Westernport Water publications etc.
2. I authorise Westernport Water to use my name, or my child's name, in connection with the media referenced above.
3. I understand that if I wish to withdraw the authorisation, I can do so at any time by contacting the Manager Communications and Engagement at Westernport Water on 1300 720 711 or by email: communications@westernportwater.com.au

Signature: _____



We acknowledge the Traditional Custodians of the land on which we live, work and learn, the Bunurong People. We pay our respects to their Elders past and present.